



Medicaid- Ohio

Medicaid is a program whereby federal and state governments share the cost of providing approximately 58 million needy Americans with health care coverage. To qualify for the program, states must include hospital services, prevention services, skilled nursing and home health care coverage for adults, and prevention and treatment services for children.

Unlike Medicare, Medicaid has a state funding component, and allows each state to write its own rules for medical coverage. Therefore, every state may define PA scope of practice and reimbursement rules.

State Specific Information

Ohio Medicaid has both fee-for-service and managed care plans.

Covered Services

Medically necessary physician services generally are covered when provided by a PA; state law and scope of practice guidelines apply. However, there are some exceptions in the Ohio Medicaid program. PAs are NOT covered for first assisting at surgery. Services provided by hospital-employed PAs are considered part of the facility charge, and are not separately billable/reimbursable. PAs may not order DME. Critical care services and consultations are not covered PA services.

Billing Instructions/Enrollment/Credentialing

PAs are not enrolled in Ohio Medicaid. Billing is submitted under the enrolled physician's number with the modifier-UD appended to the code.

Reimbursement Rate

85%

Supervision

State law/general supervision.

More information:

The Ohio Medicaid profile compiled by the AAPA, can be found [online](#).

Go to [Ohio Medicaid Statute](#) regarding PA covered services, effective 2/16/09.

The AAPA reimbursement office staff at 703/836-2272, Andrew Iwanik, aiwanik@aapa.org, ext. 3218 or Tricia Marriott, tmariott@aapa.org, ext. 3219 can also help answer questions about the Medicaid program.